

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9	1					
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41	1					
42		1				
43		1				
44		1				
45		1				
46	1					
47		1				
48		1				
49		3				
50		3				
TOTAL IND.	1					
TOTAL DEP.	1					
TOTAL CLAIMS	2					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		3				
52		3				
53		3				
54	1					
55	1					
56	1					
57	1					
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96						
97						
98						
99						
100						
TOTAL IND.	9					
TOTAL DEP.	58					
TOTAL CLAIMS	67					

43
15
58